



EMBASSY OF THE REPUBLIC OF UGANDA
WASHINGTON, D.C.

VISA APPLICATION

SERIAL NO. _____

1. Family Name: _____
2. Other Name(s): _____
3. Former Name(s): _____

4. Address/Telephone

- a. Permanent Address: _____
b. Present Address: _____
c. Telephone No(s): _____

5. Nationality: _____

6. Date and Place of Birth: _____

7. Marital Status: (check one) ☐ Married ☐ Single ☐ Divorced

8. Other family members accompanying applicant: (complete appropriate line/s)

	Name	Date of Birth	Place of Birth
Wife	_____	_____	_____
Child	_____	_____	_____
Child	_____	_____	_____
Child	_____	_____	_____
Child	_____	_____	_____

9. Passport No.: _____ Issued at: _____ On: _____
Type: (check one) ☐ Diplomatic ☐ Official ☐ Ordinary

10. VISA Required

Type: (check one) ☐ Entry ☐ Transit ☐ Single Journey ☐ Multiple Journey (in transit for short visit)
Class: (check one) ☐ Diplomatic ☐ Official ☐ Ordinary

Side One

11. Commonwealth Country for which VISA is applied: _____
12. Proposed Date of Arrival: _____
Duration of Stay: _____
13. Reason for Journey: _____
14. Date(s) of any Previous Visit(s) _____
a. If in transit, ultimate destination: _____
b. Has a VISA been obtained for Country of Destination? _____
15. Any Reference in the country for which VISA is applied: _____
Address: _____

16. The full address in Uganda where you intend to stay: _____

Signature _____ Date _____ 19 _____
Applicant

FOR OFFICIAL USE ONLY

VISA OFFICER: _____

Signature _____ Date _____ 19 _____
Person picking up VISA